

PROPOSAL SUMMARY

INDICATE THE POPULATIONS OF PEOPLE YOU WISH TO SERVE. **CHECK ALL THAT APPLY:**

- ☐ MENTAL RETARDATION/RELATED DISABILITY (MR/RD)
☐ AUTISM
☐ HEAD AND SPINAL CORD INJURY

INDICATE FOR EACH POPULATION OF PEOPLE, THE SERVICES YOU WISH TO PROVIDE:

MR/RD AND/OR AUTISM

- ☐ FINANCIAL MANAGEMENT
☐ SERVICE COORDINATION
☐ EARLY INTERVENTION
- ☐ RESIDENTIAL HABILITATION
 MODEL:
☐ CTH I
☐ CTH II
☐ SLP I
☐ SLP II
- ☐ DAY SERVICES TYPE:
☐ DAY HABILITATION
☐ PREVOCATIONAL
☐ DAY ACTIVITY
☐ CAREER PREPARATION
☐ COMMUNITY SERVICES
☐ SUPPORT CENTER
- ☐ EMPLOYMENT SERVICES:
☐ SUPPORTED EMPLOYMENT
☐ INDIVIDUAL COMMUNITY
 PLACEMENT
☐ MOBILE WORK
 CREW/ENCLAVE
- ☐ HOME SUPPORTS:
☐ RESPITE
☐ ADULT COMPANION
☐ IN-HOME SUPPORTS
☐ PERSONAL CARE

HEAD AND SPINAL CORD INJURY

- ☐ FINANCIAL MANAGEMENT
☐ SERVICE COORDINATION
- ☐ RESIDENTIAL HABILITATION
 MODEL:
☐ CTH I
☐ CTH II
☐ SLP I
☐ SLP II
- ☐ DAY SERVICES TYPE:
☐ DAY HABILITATION
☐ PREVOCATIONAL
- ☐ EMPLOYMENT SERVICES:
☐ SUPPORTED EMPLOYMENT
- ☐ HOME SUPPORTS:
☐ RESPITE
☐ INDIVIDUAL REHAB
 SUPPORTS

Indicate the areas of the State in which you wish to provide services:

- ☐ Statewide
☐ In the following counties(list): _____

